



# **Breastfeeding Resource Directory for Health Care Professionals**

**2003**

The Rhode Island Breastfeeding Coalition  
The Rhode Island Department of Health

## **ABOUT THIS RESOURCE DIRECTORY**

Dear Health Care Professional,

During this special time in a woman's life, an expecting or breastfeeding mother may have questions or concerns about breastfeeding her child. There are numerous resources available to mothers and health care professionals to help answer those questions, provide useful information, services and support.

In this resource directory you will find breastfeeding resources ranging from classes, support services, books, videos, websites, and professional services. In addition, this directory has its own 'help guide' which health professionals can turn to for easy access to information on managing common breastfeeding problems. It is our hope that you will become familiar with the information available in this resource directory so that you may be of great help to the next mother who needs information or support to make her breastfeeding experience a positive one.

With best regards,

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Rhode Island Breastfeeding Coalition

Erin Dugan, MPH, Breastfeeding Coordinator  
Rhode Island Department of Health

## **ACKNOWLEDGEMENTS**

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## **The Rhode Island Breastfeeding Coalition Position Paper on Breastfeeding**

As a multidisciplinary group of health professionals and consumers, the Rhode Island Breastfeeding Coalition recognizes breastfeeding as the optimal method of infant feeding. To date, a large body of scientific literature regarding infant feeding indicates that human milk provides infants with ideally balanced nutrients and immunologic protection against infection and allergies that is unparalleled by breast milk substitutes. Breastfeeding has been shown to decrease infant mortality and morbidity, thereby reducing health care expenses. Breastfeeding also provides a unique opportunity for strong mother-infant attachment. As the physiologic completion of the reproductive cycle, breastfeeding provides numerous maternal health benefits. All of these advantages are provided at a low cost.

In order to optimize the health of Rhode Island's maternal and infant population, it is the position of the Rhode Island Breastfeeding Coalition to encourage the following:

- \* All Parents will be provided prenatally with adequate information about the maternal and infant benefits of breastfeeding.
- \* Hospitals and clinics will develop and implement written protocols that reflect current research regarding the management and support of breastfeeding.
- \* All health care professionals will receive accurate basic and ongoing training in the theoretical and practical aspect of breastfeeding management.
- \* Industry and the private sector will adopt policies that facilitate the continuation of breastfeeding.
- \* Community support services will be expanded and will meet the educational and support needs of breastfeeding families from all cultural backgrounds.
- \* Public awareness of the importance of breastfeeding will be heightened through various educational and promotional efforts.

The goal of the Rhode Island Breastfeeding Coalition is to increase the incidence and duration of breastfeeding for the maternal and infant population of Rhode Island. We strive to meet the breastfeeding objectives outlined in the Healthy People Year 2010 Objectives which state that by the year 2010, 75% of women will leave the hospital breastfeeding, 50% will continue to breastfeed for 6 months, and 25% will continue breastfeeding for 12 months.

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# **THE WHO/UNICEF BABY FRIENDLY HOSPITAL INITIATIVE**

In 1992, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) launched the “Baby-Friendly Hospital Initiative,” an international breastfeeding promotion campaign to convince hospitals, health care providers and parents that breastfeeding gives babies the best possible start in life.

The idea of “Baby-Friendly Hospitals” is for health care providers to focus on the needs of the mother and her newborn. To become ‘Baby-Friendly,’ hospitals and maternity centers must practice each of the 10 steps to successful breastfeeding as developed by the WHO and UNICEF.

## **Ten Steps to Successful Breastfeeding**

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within an half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice ‘rooming in’ by allowing mothers and babies to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers, dummies or soothers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

## LACTATION CONSULTANTS IN PRIVATE PRACTICE

### *What is an IBCLC?*

*An IBCLC is an International Board Certified Lactation Consultant who possesses the necessary skills, knowledge, and attitudes to facilitate breastfeeding. With a focus on preventive health care, they encourage self-care and parental decision-making prenatally and postnatally. In addition, IBCLC's use a problem solving approach to provide appropriate information, recommendations and referrals, in a variety of settings.*

*The following list of Lactation Consultants provide services in Rhode Island*

#### **Baby Friendly Advisor**

789-1384

Marie L. Woodard, BSN, RNC, IBCLC  
Lari-marie@cox.net

#### **Best Fed Associates**

(508) 384-3674

Kathleen Kelley Redman, RN, BSN, IBCLC  
Ann Marie D'Amico, RN, IBCLC  
Elaine Torman, RN, BS, IBCLC

#### **Healthy Babies, Happy Moms, Inc.**

742-1777

Kathleen Moren, RN, IBCLC  
PO Box 7586  
Warwick, RI 02887  
Email: [healthybabes@aol.com](mailto:healthybabes@aol.com)  
[www.healthybabieshappymoms.com](http://www.healthybabieshappymoms.com)

#### **Sharon Rapoza, BSN, IBCLC**

822-4811

45 Taft Street  
Coventry, RI 02816

# LA LECHE LEAGUE INTERNATIONAL

*This is a non-profit organization, providing breastfeeding information and support to nursing mothers via telephone help and monthly meetings. Accredited by La Leche League International, volunteer leaders are experienced breastfeeding mothers who are familiar with the practical, physical, and psychological aspects of breastfeeding. For more information contact the leader nearest you.*

*Updated listings may be found on the web at [www.lalecheleague.org](http://www.lalecheleague.org) or by calling La Leche League International at (847) 519-7730.*

## **Coventry**

Sharon Rapoza 822-4811

## **Cumberland**

Patty Kostka 333-2275

## **East Greenwich**

Patricia Miller 885-9507

## **Kenyon**

Susan Corkran 364-0729

## **Newport**

Karen Small 846-6508

## **North Kingstown**

Paula Annenberg 885-6226  
Lindsey Crowinsfield 789-2942

## **North Attelboro, MA**

Wendi Bosland 508-695-4835

## **Scituate**

Amy Frank 941-2366

## **West Greenwich**

Susan M. Rotella 392-6917

## **POSTPARTUM BREASTFEEDING SUPPORT GROUPS/CLASSES**

*There is generally no fee associated with  
breastfeeding support groups unless otherwise indicated.*

### **Kent County Hospital**

737-7010 x 1275

Breastfeeding support group meets every  
Wednesday at 10:30 am in the Womens  
Care Unit.

### **La Leche League of Rhode Island**

See listing on **page 2** to contact a La Leche  
League Leader in your area to find out meeting  
times for support groups.

### **Memorial Hospital of Rhode Island**

729-2291

Breastfeeding support group held on the  
1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month  
7-9 pm in the Family Care Center.

### **Newport Hospital**

845-1110

Breastfeeding support group held on  
Thursdays from 1-3 pm in the Birthing  
Center on the 7<sup>th</sup> floor.

### **South County Hospital**

782-8020 x 1999

Breastfeeding support group meets on the first  
and third Tuesday of the month from 10am-noon  
in the Potter Conference Room.

### **Women and Infants Hospital**

276-7800

Breastfeeding classes for in-patients.  
Mothers Group. Special Care Nursery Mothers Group.



## PRENATAL BREASTFEEDING CLASSES

*Health insurance may cover the cost of these classes.*

### To register call:

#### **Memorial Hospital**

2-hour breastfeeding classes  
offered every month in English  
and every other month in Spanish.  
\$15 fee or covered by some insurers.

729-2510 – English line  
729-2800 – Spanish line

#### **Kent County Hospital**

Class held the second Friday  
of each month.  
\$15 fee.

737-7010      x 1966

#### **La Leche League of Rhode Island**

The La Leche League encourages  
women to attend meetings prenataally  
for information and support. **See page 2**  
to find the La Leche League leader  
closest to you.  
No fee.

#### **Landmark Medical Center, Woonsocket Unit**

Breastfeeding classes held once  
a month on Wednesdays.  
\$12 fee.

769-4100      x 2043

#### **Newport Hospital**

Prenatal breastfeeding classes  
offered once a month on the  
second Tuesday of the month.  
\$12 fee.

845-1133  
845-1110

#### **South County Hospital**

Breastfeeding classes offered  
periodically on Wednesdays 7-9 pm.

782-8020      x 1999

#### **Westerly Hospital**

Prenatal breastfeeding classes offered once  
a month on the second Tuesday at 6 – 8 pm  
Offered approximately every 6 weeks.  
\$15 fee.

348-3288

#### **Women & Infants Hospital**

2 ½ hour breastfeeding classes  
in the evening. English and Spanish.  
\$20 fee. Call to register.

276-7800

## WARM-LINES

*The following are hospital "warm-line" numbers that breastfeeding mothers may call upon discharge from the hospital should they have questions or concerns about breastfeeding.*

**Kent County Hospital** 737-7000 x3332

**Memorial Hospital of RI** 729-2291  
24 hr. Call-in. English and Spanish.

**Newport Hospital** 845-1110  
24 hour call-in information available.

**South County Hospital** 782-8020 x1226  
Leave a message and a Lactation Consultant will call you back.

**Westerly Hospital** 348-2229

**Women and Infants Hospital** 1-800-711-7011  
Monday - Friday 9 am - 9 pm.  
Saturday & Sunday 9 am to 5 pm.  
Leave a message and a nurse will return call.  
Outpatient appointments are available.  
English and Spanish.

## WOMEN INFANTS, AND CHILDREN'S SUPPLEMENTAL FOOD PROGRAM (WIC)

*The WIC Program provides breastfeeding education to women prenatally and provides support for breastfeeding mothers. In addition to the WIC nutritionists, many local WIC agencies also have trained Breastfeeding Peer Counselors who work with WIC clients prenatally and for the duration of their breastfeeding experience.*

*The following is a list of WIC agencies and names of Breastfeeding Peer Counselors:*

### **BVCHC Health Center**

Central Falls	724-7134
Pawtucket	722-0082
<i>Breastfeeding Peer Counselor: Janet Gutierrez</i>	

### **Chad Brown Health Center**

Providence	831-0020
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### **Comprehensive Community Action Program, Inc.**

Cranston	946-4650
Coventry	828-5335

### **East Bay Community Action Program**

Newport	847-7821
Tiverton	625-1364
East Providence	437-1007
Warren Satellite	
<i>Breastfeeding Peer Counselor: Esther Trneny</i>	

### **John A. Ferris Health Centers**

Warwick	732-4660	
West Warwick	826-3230	x 109

### **Providence Community Health Center, Inc.**

Allenberry Health Center	444-0570
Olneyville Health Center	444-0540
<i>Breastfeeding Peer Counselor: Janice Lopez</i>	

Capitol Hill Health Center	444-0550
Central Health Center	444-0580
Fox Point Health Center	444-0530
<i>Breastfeeding Peer Counselor: Ana Jourdain</i>	

### **St. Joseph Health Services of RI**

Providence	456-4045
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### **Thundermist Health Center**

Woonsocket	767-4109
Manville	769-8917
<i>Breastfeeding Peer Counselor: Cindy Chomka</i>	

## WIC AGENCIES (CONTINUED)

**Thundermist Health Center of South County**

Wakefield

782-0855 x 135

*Breastfeeding Peer Counselor: Dawn Lussier*

**Tri-Town Economic Opportunity Committee**

Johnston

351-2750 x 1131

Burriville

567-0510

*Breastfeeding Peer Counselor: Elaine DeSisto*

**Women & Infants Hospital**

Providence

274-1122 x 2768

*WIC sponsored LC: Michael Fink  
Sue Martin*

**Wood River Health Center**

Hope Valley

539-2461 x 138

*Breastfeeding Peer Counselor: Wendy Costa*

**State WIC Office**

1-800-942-7434

*State WIC Breastfeeding Coordinator*

*Erin Dugan*

222-1380

## BREASTFEEDING LAWS IN RHODE ISLAND

*All Rhode Island laws and bills can be located through the Rhode Island General Assembly Website at [http://www.rilin.state.ri.us/gen\\_assembly/genmenu.html](http://www.rilin.state.ri.us/gen_assembly/genmenu.html)*

*A list of national breastfeeding laws is posted on the National Conference of State Legislatures website: National Conference of State Legislatures, Maternal and Child Health, Breastfeeding Laws by State. <http://www.ncsl.org/programs/health/breast.htm>*

### Laws

**R.I. Gen. Laws § 23-13.2-1 (2003)** requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

**R.I. Gen. Laws § 23-72-3 (2001)** requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

**R.I. Gen. Laws § 11-45-1 (1998)** excludes mothers engaged in breastfeeding from disorderly conduct laws. (HB 8103, SB 2319)

## CATALOGUES, PUBLISHERS, RESOURCES

*Many of the listed resources offer free catalogues.*

**Ameda-Egnell**  
2000 Hollister Drive  
Libertyville, IL 60048  
[www.ameda.com](http://www.ameda.com)

(877) 992-6332

**Breastfeeding Support Center for Lactation Education**  
228 Park Lane  
Chalfont, PA 18914  
[www.bsccenter.org](http://www.bsccenter.org)

(215) 822-1281  
Fax (215) 997-7879

**BestStart**  
4809 East Busch Boulevard  
Tampa, FL 33617  
Future website: [www.beststartinc.org](http://www.beststartinc.org)

(800) 277-4975

**Birth and Life Bookstore**  
1826 NW 18th  
Portland, OR 97209  
[www.lcascade.com/bookstore](http://www.lcascade.com/bookstore)

(800) 443-9942  
Fax (503) 595-1726

**Center for Breastfeeding**  
8 Jan Sebastian Way #13  
Sandwich, MA 025i63  
[www.babyfriendlyusa.com](http://www.babyfriendlyusa.com)

(508) 888-8092

**Childbirth Graphics**  
PO Box 21207  
Waco, TX 76702-1207  
[www.childbirthgraphics.com](http://www.childbirthgraphics.com)

(800) 299-3366 x 287  
Fax (888) 977-7653

**ICEA Book Center**  
PO Box 20048  
Minneapolis, MN 55420  
[www.icea.org/book.htm](http://www.icea.org/book.htm)

(847) 519-9585  
Fax (847) 519-0035

**La Leche League International**  
Order Dept.  
PO Box 4079  
Schaumburg, IL 60168-4079  
[www.lalecheleague.org](http://www.lalecheleague.org)

(847) 519-9585  
Fax (847) 519-0035

**Medela, Inc.**  
1101 Corporate Drive  
PO Box 660  
McHensy, IL 60051-0660  
[www.medela.com](http://www.medela.com)

(800) 435-8316

## CATALOGUES, PUBLISHERS, RESOURCES (CONTINUED)

**Noodle Soup**

4614 Prospect Avenue, #328  
Cleveland, OH 44103-4377  
Free Catalog  
[www.noodlesoup.com](http://www.noodlesoup.com)

(800) 795-9295

**Pharmasoft Publishing L.P.**

21 Tascocita Circle  
Amarillo, TX 79124  
[www.iBreastfeeding.com](http://www.iBreastfeeding.com)

(800) 378-1317  
Fax (806) 376-9901

## VIDEOTAPES

*Additional breastfeeding videotapes available through:*  
*Childbirth Graphics (800) 299-3366 [www.childbirthgraphics.com](http://www.childbirthgraphics.com)*  
*La Leche League International (847) 519-9585 [www.lalecheleague.com](http://www.lalecheleague.com)*  
*Pharmasoft Publishing Inc. (800) 378-1317 [www.iBreastfeeding.com](http://www.iBreastfeeding.com)*

- A Premie Needs his Mother: First Steps to Breastfeeding Your Premature Baby** **\$25.00**  
 Jane Morton, MD  
**Contact:** Pharmasoft Publishing (800) 378-1317  
[www.iBreastfeeding.com](http://www.iBreastfeeding.com)  
**Focus:** Comprehensive guide to learning how to breastfeed premature babies from the perspective of mothers of premies. Part I (35 minutes) is for moms about to or who have just delivered premature babies. Part II (21 minutes) is designed to be watched when the baby is ready to be held. Available on DVD or video.
- BEST START: For All the Right Reasons (1990)** **\$25.00**  
**Contact:** BEST START, Inc. (800) 277-4975 22 minutes  
 Future website: [www.beststartinc.org](http://www.beststartinc.org)  
**Focus:** Motivational video about breastfeeding from focus group participants. Topics include healthier babies, closeness to mother, embarrassment, convenience, role of fathers, and positive self-image. Available in English and Spanish.
- BREASTFEEDING: A Special Relationship (1991)** **\$79.00**  
 Mary Rose Tully, BA, IBCLC 24 minutes  
 Mary Overfield, RN, IBCLC  
**Contact:** Eagle Video Productions  
 (800) 869-7892  
**Focus:** Teaches how to breastfeed successfully. 7 segments include: feeding the newborn, positioning, latching-on, signs that breastfeeding is going well, growth spurts, engorgement and sore nipples, going to work and pumping. Comes with tear-off instructional sheets. Available in English and Spanish.
- Breastfeeding: Coping with the First Week (1997)** **\$79.95**  
 Chloe Fisher  
**Contact:** Growing With Baby (800) 524-9554  
[www.growingwithbaby.com](http://www.growingwithbaby.com)  
**Focus:** This video prepares a new mother for the first week of breastfeeding. Discusses baby's first feeding, how to evaluate latch, breastfeeding in public, normal input and output, when to get assistance.



## VIDEOTAPES (CONTINUED)

### **Breastfeeding: The Why-To, How-To Videos (1998) \$250.00**

**Contact:** Vida Health Communications (800) 550-7047 (or \$150 each)  
[www.vida-health.com](http://www.vida-health.com)

**Focus:** The Why-To video outlines the health benefits that breastfeeding offers babies and their mothers. Additional information on breastfeeding and body image, modesty and ease, prenatal preparations, and keys to success. (19 min)  
The How-To video focuses on confidence building education that prepares new parents to give breastfeeding a try. Specific topics include how breastfeeding works, feeding cues, positioning and latching on, length and frequency of feedings, how to know baby is getting enough, tips for tough times, maternal nutrition and rest, how Dads can help, and more. (25 min)

### **The Clinical Management of Breastfeeding for Health Professionals \$395.00**

**Contact:** Vida Health Communications (800) 550-7047  
[www.vida-health.com](http://www.vida-health.com)

**Focus:** (1999) A two-part video course covering the fundamentals of human lactation and breastfeeding. Part One, "The Science and Art of Breastfeeding," introduces the process of human lactation and its clinical management – from pre-conception through a child's first year of life. (45 min)  
Part Two, "Putting It All Into Practice," identifies the specific roles that health professionals can play at different points along the prenatal continuum to motivate and support breastfeeding. (57 min)

### **Helping A Mother To Breastfeed, No Finer Investment (1990) \$41.00**

The Royal College of Midwives 20 minutes

**Contact:** Pharmasoft Publishing (800) 378-1317  
[www.iBreastfeeding.com](http://www.iBreastfeeding.com)

**Focus:** Explains proper latching technique in detail.  
Intended for those who help breastfeeding mothers.

### **Nobody Loves Them Like You (1994) \$25.00**

**Contact:** BEST START, Inc. (800) 277-4975 22 minutes  
Future website: [www.beststartinc.org](http://www.beststartinc.org)

**Focus:** Intended for teenage mothers who have questions about breastfeeding. Available in English and Spanish.

### **Working and Breastfeeding? Yes, You Can Do It! (1995) \$65.00**

**Contact:** Childbirth Graphics (800) 299-3366 21 minutes  
[www.childbirthgraphics.com](http://www.childbirthgraphics.com)

**Focus:** Offers the breastfeeding mother options, helpful hints and reasons why it is advantageous to continue breastfeeding when she returns to work.

## WEBSITES

### **Academy of Breastfeeding Medicine**

[www.bfmed.org](http://www.bfmed.org)

Oriented to health professionals.

Organization dedicated to breastfeeding and newborns.

### **American Academy of Pediatrics: Breastfeeding Resources**

[www.aap.org/advocacy/bf/brsection.htm](http://www.aap.org/advocacy/bf/brsection.htm)

Designed for professionals and consumers.

Provides links to current publications regarding breastfeeding.

### **Avent Naturally**

[www.aventamerica.com](http://www.aventamerica.com)

Designed for consumers.

Sells nursing products and answers questions about breastfeeding.

### **Baby Friendly USA (Baby Friendly Hospital Initiative)**

[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)

Designed for professionals.

Provides information on the Baby Friendly Hospital Initiative.

### **Best Fed Associates**

[www.bestfed.net](http://www.bestfed.net)

Designed for professionals.

Lactation Consultants committed to supporting breastfeeding moms and babies in Massachusetts and Rhode Island.

### **Breastfeeding.com**

[www.breastfeeding.com](http://www.breastfeeding.com)

Designed for consumers and professionals.

Provides information on positioning techniques, advocacy, shopping, pictures, access to chat rooms.

### **Breastfeeding Online**

[www.breastfeedingonline.com](http://www.breastfeedingonline.com)

Designed for professionals.

Articles, advice and encouragement by Jack Newman, Lactation Consultant.

### **Breastfeeding Support Consultants Center for Lactation Education**

[www.bsccenter.org](http://www.bsccenter.org)

Designed for professionals.

Lists courses, conferences and upcoming workshops. Sells breastfeeding products.

Provides a breastfeeding FAQ's list.

## WEBSITES (CONTINUED)

### **Bright Future Lactation Resource Center**

[www.bflrc.com](http://www.bflrc.com)

Designed for professionals and consumers.

Advertises resources on breastfeeding and lactation topics.

### **Center for Breastfeeding**

[www.healthychildren.cc](http://www.healthychildren.cc)

Designed for professionals.

Information on upcoming breastfeeding courses and training opportunities.

### **International Childbirth Education Associates Inc.**

[www.icea.org](http://www.icea.org)

Designed for childbirth education professionals.

Provides opportunities and resources for professional training and development.

### **International Lactation Consultant Association**

[www.ilca.org](http://www.ilca.org)

Designed for professionals, especially lactation consultants.

Promotes the professional development, advancement, and recognition of lactation consultants worldwide for the benefit of breastfeeding women, infants and children.

### **La Leche League International**

[www.lalecheleague.org](http://www.lalecheleague.org)

Designed for consumers.

Provides breastfeeding information and support to nursing mothers via telephone help and monthly meetings.

### **Lactation Education Resources**

[www.LERon-line.com](http://www.LERon-line.com)

Designed for professionals.

Updated information on future offerings of professional educational programs and materials

### **Lactation Institute**

[www.lactationinstitute.org](http://www.lactationinstitute.org)

Designed for professionals, especially lactation consultants.

Gives information on upcoming conferences and sells nursing products.

### **Lactnet**

[peach.ease.lsoft.com/archives/lactnet.htm](http://peach.ease.lsoft.com/archives/lactnet.htm)

Designed for professionals.

Lactation information and discussion.

## **WEBSITES (CONTINUED)**

### **Medela International**

[www.medela.com](http://www.medela.com)

Designed for professionals and consumers.

Provides an extensive catalogue for breastfeeding paraphernalia, especially Breast pumps. Lists the advantages of breastfeeding.

### **National Center for Education in Maternal and Child Health**

[www.ncemch.org](http://www.ncemch.org)

Designed for professionals, policy makers and researchers.

Displays electronic publications, databases, project descriptions, electronic discussion lists, national conference information and other website addresses.

### **National Women's Health Information Center**

[www.4woman.gov/Breastfeeding/index.htm](http://www.4woman.gov/Breastfeeding/index.htm)

Designed for consumers. Provides breastfeeding information and resources.

### **Pharmasoft Publishing L.P.**

[www.ibreastfeeding.com](http://www.ibreastfeeding.com)

Designed for consumers and professionals.

Publisher and provider of resources in the field of lactation.

### **Rhode Island Healthy Mothers, Healthy Babies Coalition**

[www.hmhbri.org](http://www.hmhbri.org)

Designed for professionals.

Coalition of MCH providers and supporters in Rhode Island.

### **US Department of Agriculture**

[www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.htm](http://www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.htm)

Designed for consumers and professionals.

Covers breastfeeding promotion and support in WIC.

### **Wellstart International**

[www.wellstrat.org](http://www.wellstrat.org)

Designed for professionals.

Providing education and technical assistance to promote breastfeeding.

### **World Alliance for Breastfeeding Action**

[www.waba.org.my](http://www.waba.org.my)

Designed for consumers. Informs readers of the benefits of breastfeeding children.

### **Women & Infants Hospital**

[www.womenandinfants.com](http://www.womenandinfants.com)

Designed for consumers.

New Mothers Support Groups, frequently asked questions, breastfeeding tips.

## BOOKS FOR THE NURSING MOTHER

*Books may be available through the following sources:*  
*Pharmasoft Publishing, L.P. (800) 378-1317 [www.iBreastfeeding.com](http://www.iBreastfeeding.com)*  
*\* La Leche League at (847) 519-9585 or <http://www.lalecheleague.com/>*  
*\*\* La Leche League and RI Public Libraries*

* <b>Bestfeeding: Getting Breastfeeding Right for You</b> (2000) Mary Renfrew, Chloe Fisher and Suzanne Arms	<b>\$14.95</b>
* <b>Breastfeeding: A Mother's Gift</b> Pamela K. Wiggins, IBCLC, Katherine A. Dettwyler	<b>\$9.95</b>
<b>Breastfeeding: A Parent's Guide</b> (1999) Amy Spangler, BSN, MN, IBCLC	<b>\$8.50</b>
** <b>The Breastfeeding Book: Everything You Need to Know About About Nursing Your Child from Birth Through Weaning</b> (2000) Martha & William Sears	<b>\$14.95</b>
* <b>Breastfeeding: I Can Do That</b> (1998) Sue Cox	<b>\$12.00</b>
** <b>Breastfeeding Pure and Simple</b> (1994) Gwen Gotsch Available in English and Spanish.	<b>\$9.95</b>
* <b>Breastfeeding the Adopted Baby</b> Debra Stewart Peterson	<b>\$12.95</b>
* <b>Breastfeeding Your Premature Baby</b> (1999) Gwen Gotsch	<b>\$6.00</b>
* <b>How Weaning Happens</b> Diane Bengson	<b>\$10.95</b>
<b>Dr. Mom's Guide to Breastfeeding</b> (1998) Marianne Neifert	<b>\$16.00</b>
* <b>Mothering Multiples: Breastfeeding and Caring for Twins or More</b> Karen Kerkhoff Gromada	<b>\$14.95</b>
* <b>Mothering Your Nursing Toddler</b> Norma Jane Bumgarner	<b>\$12.95</b>
* <b>New Mother's Guide to Breastfeeding</b> American Academy of Pediatrics	<b>\$13.95</b>
** <b>The Nursing Mother's Companion</b> (1999) Kathleen Huggins, RN, MS, Harriette Hartigan, Ruth Lawrence	<b>\$13.95</b>

## **BOOKS FOR THE NURSING MOTHER (CONTINUED)**

*	<b>The Nursing Mother's Guide to Weaning</b> (1994) Kathleen Huggins, RN, MS, Linda Ziedrich	<b>\$11.95</b>
*	<b>Nursing Mother, Working Mother</b> (1997) Gale Pryor	<b>\$11.95</b>
*	<b>Nursing Your Baby</b> (1991) Karen Pryor and Gale Pryor	<b>\$6.95</b>
*	<b>So That's What They're For: Breastfeeding Basics</b> (1998) Janet Tamaro	<b>\$10.95</b>
*	<b>The Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North American</b> (2000) Jack Newman and Teresa Pitman	<b>\$19.95</b>
*	<b>We Like to Nurse</b> Children's book by Chin Martin and Shukyo Lin Rainey	<b>\$9.95</b>
	<b>Why Should I Nurse My Baby? And Other Questions Mothers Ask About Breastfeeding</b> (1998) Pamela K. Wiggins, IBCLC Available in English and Spanish	<b>\$5.95</b>
*	<b>The Womanly Art of Breastfeeding</b> (6 <sup>th</sup> Edition) La Leche League International	<b>\$14.95</b>

## BREAST PUMP MEDICAL INSURANCE COVERAGE

*Please note that the information listed below is accurate as of the date of publication.  
Specific details related to breast pump coverage by health plans changes frequently.  
Please contact the medical insurance provider for any updates.*

### **Rite Care Members**

Members of Rite Care are entitled to a manual or electric pump at no cost as long as it is medically necessary\* or due to mother/baby separation. The insurance providers for Rite Care members include: *Blue Chip, United Health Care and Neighborhood Health Plan of RI (NHPRI)*.

Rite Care members can obtain a breast pump by contacting their physician who will either write a prescription for a breast pump or call the health plan's durable medical equipment (DME) provider directly and request a breast pump for the patient. Most of the listed DME providers work with all types of health insurers.

<b>DME Provider</b>	<b>Phone</b>	<b>Fax</b>
Kent County Home Medical Equipment 465 Tollgate Rd., Warwick	736-4294	736-1006
South County Surgical 14 Woodruff Avenue, Narragansett	783-1850	783-2082
Vanguard 155 Jefferson Blvd., Warwick	468-1300	468-1333

### **Commercial Insurance Members**

Specific details related to breast pump coverage by health plans changes frequently. Please contact the medical insurance provider for details. Commercial insurers include: *Blue Chip, United Health Care, NHPRI, Blue Cross/Blue Shield and Aetna*.

\*Medical Necessity includes the following conditions:

- Baby unable to initiate breastfeeding due to medical conditions such as prematurity, oral defect, etc.
- Temporary weaning due to:
  - Mother/baby separation
  - Mother's use of a medication or need for a diagnostic test that is contraindicated for breastfeeding
- Inadequate milk supply
- Engorgement
- Breast infection
- Ineffective latch

## BREAST PUMP RENTAL/SALES

*Electric breast pumps are available for the mother with special breastfeeding situations, including working mother and mothers with babies in special care nurseries.*

*Listed below are sources for electric breast pump rentals and sales in Rhode Island.*

### **Best Fed Associates**

508-384-3674

Kathleen Kelley Redman, RN, BSN, IBCLC  
Ann Marie D'Amico, RN, IBCLC  
Elaine Torman, RN, BS, IBCLC  
Wrentham, MA  
*Rental and sales of Medela electric pumps*

### **Healthy Babies, Happy Moms, Inc.**

742-1777

Kathleen Moren, RN, IBCLC  
Warwick  
*Lactina pump rentals and sales*

### **Kent County Home Medical Equipment**

736-4294

465 Toll Gate Rd., Warwick  
*Rents Medela pumps*  
Monday - Friday, 8:00 a.m. - 5:00 p.m.  
Saturday, 8:00 a.m. - 1:00 p.m.

### **Medela**

1-800-435-8316

*Rental and sales of Medela pumps*

### **South County Surgical**

783-1850

344 Main St., Wakefield  
*Rental and sales of Medela pumps.*  
Monday - Friday, 9:00 a.m. - 5:00 p.m.

### **Women & Infant's Nursing Moms, Etc.**

274-1122 x 1749

101 Dudley St., Providence  
*Rental and sales of Medela electric pumps.*  
Monday-Saturday, 10:00 a.m. - 5:00 p.m.



## NURSING CLOTHES AND ACCESSORIES

**CDM** 1-800-637-9426

Maternity/nursing clothes, nursing dresses, tops, baby sleepwear, t-shirts, caps the 'Over the Shoulder Baby Holder.' Call for catalog.

**Earthbaby** 1-877-375-3600 [www.earthbaby.com](http://www.earthbaby.com)

Offers clothing, lingerie and accessories for breastfeeding. Order online.

**Moms Tops** 1-888-867-5168

Online shopping for breastfeeding fashions. Dresses, separates, sleep apparel, swimwear, carriers and baby care.

**Motherwear, Inc.** 1-800-950-2500 [www.motherwear.com](http://www.motherwear.com)

Nursing clothes, plus matching baby clothes, nursing bras, and other items. Call for a catalog or order online.

Outlet store available: 26 North King Street  
Northampton, MA 01060

**Nursing Classics Catalog** 1-800-449-3350 [www.elizabethlee.com](http://www.elizabethlee.com)

Patterns for maternity/nursing clothing and baby carrier.

**Nursing Poncho** 401-247-7849 [NursingPoncho@aol.com](mailto:NursingPoncho@aol.com)

**White River Concepts** [www.whiteriver.com](http://www.whiteriver.com)

Sells nursing and feeding aides, maternity lingerie and after-maternity lingerie and support garments.

**Women & Infant's Nursing Moms, Etc.** 401-274-1122 x 1749

Sells nursing clothing and nursing bras, nursing accessories, newborn products, premie clothing, books & videos

## **BREASTFEEDING INFORMATION LINES FOR PROFESSIONALS**

### **Brigham-Womens Hospital Lactation Office**

(617) 732-8045

Resource for medical professionals, lactation consultants  
and breastfeeding clients.

Tansy Walker-Bois

Michele Weisberg

### **Kent County Hospital Pharmacy**

737-7000 x 1341

Medication information for breastfeeding.

Monday – Friday 8:30 am – 4:30 pm

Alicia Zuwallack, Pharmacist

### **The Lactation Line, University of Rochester**

(585) 275-0088

For physicians and LC's

Monday – Friday 8:00 am – 3:30 pm

(Ruth Lawrence, MD)

Contact person: Linda Friedman, Ph.D.

### **Women & Infants Hospital Pharmacy**

274-1122 x 1265

Medication information for breastfeeding

Ask to speak with a Pharmacist.

### **Yale-New Haven Hospital Drug Information Services**

(203) 785-2248

Medication information for breastfeeding (non-urgent)

Monday – Friday 9:00 am – 5:00 pm

## **CONTINUING EDUCATION IN BREASTFEEDING/LACTATION MANAGEMENT**

### **Breastfeeding Support Center for Lactation Education**

228 Park Lane  
Chalfont, PA 18914 (215) 822-1281  
Fax: (215) 997-7879  
[www.bsccenter.org](http://www.bsccenter.org)

### **Evergreen Healthcare**

Family Maternity Center (425) 899-2621  
Professional Education  
[www.evergreenhealthcare.org](http://www.evergreenhealthcare.org)

### **La Leche League International**

1400 North Meacham Rd., (800) La Leche  
Schaumburg, IL 60168-4079  
Fax: (847) 519-0035  
[www.lalecheleague.org](http://www.lalecheleague.org)

### **Lactation Associates**

254 Conant Rd. (617) 893-3553  
Weston, MA 02913

### **Lactation Education Resources**

4339 Montgomery Ave. (301) 986-5547  
Bethesda, MD 20814  
Fax: (703) 691-3983  
[www.LERon-line.com](http://www.LERon-line.com)

### **The Center for Breastfeeding**

8 Jan Sebastian Way #13 (508) 888-8044  
Sandwich, MA 02563  
[www.babyfriendlyusa.com](http://www.babyfriendlyusa.com)

### **The Lactation Institute & Breastfeeding Clinic**

(818) 995-1913  
[www.lactationinstitute.org](http://www.lactationinstitute.org)

## **MOTHERS' MILK BANKS**

<b>Lactation Support Services</b> BC Children's Hospital 4480 Oak Street Vancouver, BC V6H 3V4	(604) 875-2345 x7607
<b>Mothers' Milk Bank</b> C/o Professional Group PO Box 5730 San Jose, CA 95150	(408) 998-4550
<b>Mothers' Milk Bank</b> P/SL Medical Center 1719 East 19 <sup>th</sup> Avenue Denver, CO 80218	(303) 869-1888
<b>Mothers' Milk Bank &amp; Lactation Center</b> Wake Medical Center 3000 New Bern Avenue Raleigh, NC 27610	(919) 350-8599
<b>Wilmington Mothers' Milk Bank</b> Christiana Hospital PO Box 1665 Wilmington, DE 19579	(302) 733-2340

## RESOURCE TEXTS FOR PROFESSIONALS

*Books may be available through:*

*La Leche League International (847) 519-9585 [www.lalecheleague.com](http://www.lalecheleague.com)*

*Pharmasoft Publishing Inc. (800) 378-1317 [www.iBreastfeeding.com](http://www.iBreastfeeding.com)*

- Caldwell, Turner – Marfei, O'Connor & Blair (2002).  
**Maternal and Infant Assessment for Breastfeeding  
 and Human Lactation: A Guide for the Practitioner** **\$34.95**  
 ICEA Book Center: 1-800-624-4934 or [www.icea.org/book.htm](http://www.icea.org/book.htm)
- Hale Thomas (2002). **Medication and Mothers Milk (10<sup>th</sup> Edition)** **\$24.95**
- Hale, Thomas & Berens, Pamela (2002).  
**Clinical Therapy in Breastfeeding Patients (2<sup>nd</sup> Edition)** **\$24.95**
- Hale, Thomas & Ilett, Kenneth (2002)  
**Drug Therapy and Breastfeeding (1<sup>st</sup> Edition)** **\$44.95**
- Human Sciences Press, Inc.  
**Journal of Human Lactation** **\$119/yr & \$39/issue**  
[www.sagepub.co.uk/journals/details/j0354.html](http://www.sagepub.co.uk/journals/details/j0354.html)
- Lang, Sandra  
**Breastfeeding Special Care Babies (2<sup>nd</sup> Edition)** **\$24.95**
- Lawrence Ruth (1999).  
**Breastfeeding: A Guide for the Medical Profession (5<sup>th</sup> Edition)** **\$61.95**
- Lauwers Judy & Shinskie Debbie (2000).  
**Counseling the Nursing Mother (3<sup>rd</sup> Edition)** **\$57.00**
- Merewood, Ann & Philip, Barbara.  
**Breastfeeding: Conditions and Diseases** **\$19.95**
- Mohrbacher Nancy & Stock, Julie (2002).  
**Breastfeeding Answer Book (3<sup>rd</sup> Edition)** **\$55.00**  
 Available on CD-Rom and in Spanish (1997) and other translations
- National Academy of Sciences, Institute of Medicine (1991).  
**Nutrition During Lactation** **\$34.95**  
 National Academy Press: 1-800-624-6242 or [www.NaP.Edu](http://www.NaP.Edu)

## **RESOURCE TEXTS FOR PROFESSIONALS (CONTINUED)**

Newman, Jack & Pitman, Teresa (2002). <b>Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America</b>	<b>\$19.95</b>
Riordan, Jan & Auerbach, Kathleen (1999). <b>Breastfeeding and Human Lactation (2<sup>nd</sup> Edition)</b>	<b>\$93.00</b>
Walker, Marsha (Editor). <b>Core Curriculum for Lactation Consultant Practice</b>	<b>\$44.95</b>
Wilson-Clay, Barbara & Hoover, Kay (2002). <b>The Breastfeeding Atlas (Revised Edition)</b> CD-Rom of 1 <sup>st</sup> Edition, photos available	<b>\$47.00</b>



## Breastfeeding and the Use of Human Milk (RE9729)

### AMERICAN ACADEMY OF PEDIATRICS

Work Group on Breastfeeding

**ABSTRACT.** This policy statement on breastfeeding replaces the previous policy statement of the American Academy of Pediatrics, reflecting the considerable advances that have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, in the mechanisms underlying these benefits, and in the practice of breastfeeding. This document summarizes the benefits of breastfeeding to the infant, the mother, and the nation, and sets forth principles to guide the pediatrician and other health care providers in the initiation and maintenance of breastfeeding. The policy statement also delineates the various ways in which pediatricians can promote, protect, and support breastfeeding, not only in their individual practices but also in the hospital, medical school, community, and nation.

**ABBREVIATION.** AAP, American Academy of Pediatrics

### HISTORY AND INTRODUCTION

From its inception, the American Academy of Pediatrics (AAP) has been a staunch advocate of breastfeeding as the optimal form of nutrition for infants. One of the earliest AAP publications was a 1948 manual, *Standards and Recommendations for the Hospital Care of Newborn Infants*. This manual included a recommendation to make every effort to have every mother nurse her full-term infant. A major concern of the AAP has been the development of guidelines for proper nutrition for infants and children. The activities, statements, and recommendations of the AAP have continuously promoted breastfeeding of infants as the foundation of good feeding practices.

### THE NEED

Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society from breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits.

Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it. The breastfed infant is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes.

Epidemiologic research shows that human milk and breastfeeding of infants provide advantages with regard to general health, growth, and development, while significantly decreasing risk for a large number of acute and chronic diseases. Research in the United States, Canada, Europe, and other *developed* countries, among predominantly middle-class populations, provides strong evidence that human milk feeding decreases the incidence and/or severity of diarrhea,<sup>1-5</sup> lower respiratory infection,<sup>6-9</sup> otitis media,<sup>3,10-14</sup> bacteremia,<sup>15,16</sup> bacterial meningitis,<sup>15,17</sup> botulism,<sup>18</sup> urinary tract infection,<sup>19</sup> and necrotizing enterocolitis.<sup>20,21</sup> There are a number of studies that show a possible protective effect of human milk feeding against sudden infant death syndrome,<sup>22-24</sup> insulin-dependent diabetes mellitus,<sup>25-27</sup> Crohn's disease,<sup>28,29</sup> ulcerative colitis,<sup>29</sup> lymphoma,<sup>30,31</sup> allergic diseases,<sup>32-34</sup> and other chronic digestive diseases.<sup>35-37</sup> Breastfeeding has also been related to possible enhancement of cognitive development.<sup>38,39</sup>

There are also a number of studies that indicate possible health benefits for mothers. It has long been acknowledged that breastfeeding increases levels of oxytocin, resulting in less postpartum bleeding and more rapid uterine involution.<sup>40</sup> Lactational amenorrhea causes less menstrual blood loss over the months after delivery. Recent research demonstrates that lactating women have an earlier return to prepregnant weight,<sup>41</sup> delayed resumption of ovulation with increased child spacing,<sup>42-44</sup> improved bone remineralization postpartum<sup>45</sup> with reduction in hip fractures in the postmenopausal period,<sup>46</sup> and reduced risk of ovarian cancer<sup>47</sup> and premenopausal breast cancer.<sup>48</sup>

In addition to individual health benefits, breastfeeding provides significant social and economic benefits to the nation, including reduced health care costs and reduced employee absenteeism for care attributable to child illness. The significantly lower incidence of illness in the breastfed infant allows the parents more time for attention to siblings and other family duties and reduces parental absence from work and lost income. The direct economic benefits to the family are also significant. It has been estimated that the 1993 cost of purchasing infant formula for the first year after birth was \$855. During the first 6 weeks of lactation, maternal caloric intake is no greater for the breastfeeding mother than for the nonlactating mother.<sup>49,50</sup> After that period, food and fluid intakes are greater, but the cost of this increased caloric intake is about half the cost of purchasing formula. Thus, a saving of >\$400 per child for food purchases can be expected during the first year.<sup>51,52</sup>

Despite the demonstrated benefits of breastfeeding, there are some situations in which breastfeeding is not in the best interest of the infant. These include the infant with galactosemia,<sup>53,54</sup> the infant whose mother uses illegal drugs,<sup>55</sup> the infant whose mother has untreated active tuberculosis, and the infant in the United States whose mother has been infected with the human immunodeficiency virus.<sup>56,57</sup> In countries with populations at increased risk for other infectious diseases and nutritional deficiencies resulting in infant death, the mortality risks associated with not breastfeeding may outweigh the possible risks of acquiring human immunodeficiency virus infection.<sup>58</sup> Although most prescribed and over-the-counter medications are safe for the breastfed infant, there are a few medications that mothers may need to take that may make it necessary to interrupt breastfeeding temporarily. These include radioactive isotopes, antimetabolites, cancer chemotherapy agents, and a small number of other medications. Excellent books and tables of drugs that are safe or contraindicated in breastfeeding are available to the physician for reference, including a publication from the AAP.<sup>55</sup>

## THE PROBLEM

Increasing the rates of breastfeeding initiation and duration is a national health objective and one of the goals of Healthy People 2000. The target is to "increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until their babies are 5 to 6 months old."<sup>59</sup> Although breastfeeding rates have increased slightly since 1990, the percentage of women currently electing to breastfeed their babies is still lower than levels reported in the mid-1980s and is far below the Healthy People 2000 goal. In 1995, 59.4% of



women in the United States were breastfeeding either exclusively or in combination with formula feeding at the time of hospital discharge; only 21.6% of mothers were nursing at 6 months, and many of these were supplementing with formula.<sup>60</sup>

The highest rates of breastfeeding are observed among higher-income, college-educated women >30 years of age living in the Mountain and Pacific regions of the United States.<sup>60</sup> Obstacles to the initiation and continuation of breastfeeding include physician apathy and misinformation,<sup>61-63</sup> insufficient prenatal breastfeeding education,<sup>64</sup> disruptive hospital policies,<sup>65</sup> inappropriate interruption of breastfeeding,<sup>62</sup> early hospital discharge in some populations,<sup>66</sup> lack of timely routine follow-up care and postpartum home health visits,<sup>67</sup> maternal employment<sup>68,69</sup> (especially in the absence of workplace facilities and support for breastfeeding),<sup>70</sup> lack of broad societal support,<sup>71</sup> media portrayal of bottle-feeding as normative,<sup>72</sup> and commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and television and general magazine advertising.<sup>73,74</sup>

The AAP identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as primary in achieving optimal infant and child health, growth, and development. The AAP emphasizes the essential role of the pediatrician in promoting, protecting, and supporting breastfeeding and recommends the following breastfeeding policies.

### RECOMMENDED BREASTFEEDING PRACTICES

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.<sup>75-77</sup> The ultimate decision on feeding of the infant is the mother's. Pediatricians should provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. When direct breastfeeding is not possible, expressed human milk, fortified when necessary for the premature infant, should be provided.<sup>78,79</sup> Before advising against breastfeeding or recommending premature weaning, the practitioner should weigh thoughtfully the benefits of breastfeeding against the risks of not receiving human milk.
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour.<sup>80-82</sup> Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period.<sup>80,83,84</sup> Procedures that may interfere with breastfeeding or traumatize the infant should be avoided or minimized.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, or rooting.<sup>85</sup> Crying is a *late* indicator of hunger.<sup>86</sup> Newborns should be nursed approximately 8 to 12 times every 24 hours until satiety, usually 10 to 15 minutes on each breast.<sup>87,88</sup> In the early weeks after birth, nondemanding babies should be aroused to feed if 4 hours have elapsed since the last nursing.<sup>89,90</sup> Appropriate initiation of breastfeeding is facilitated by continuous rooming-in.<sup>91</sup> Formal evaluation of breastfeeding performance should be undertaken by trained observers and fully documented in the record during the first 24 to 48 hours after delivery and again at the early follow-up visit, which should occur 48 to 72 hours after discharge. Maternal recording of the time of each breastfeeding and its duration, as well as voidings and stoolings during the early days of breastfeeding in the hospital and at home, greatly facilitates the evaluation process.
4. No supplements (water, glucose water, formula, and so forth) should be given to breastfeeding newborns unless a medical indication exists.<sup>92-95</sup> With sound breastfeeding knowledge and practices, supplements rarely are needed. Supplements and pacifiers should be avoided whenever possible and, if used at all, only after breastfeeding is well established.<sup>93-98</sup>
5. When discharged <48 hours after delivery, all breastfeeding mothers and their newborns should be seen by a pediatrician or other knowledgeable health care practitioner when the newborn is 2 to 4 days of age. In addition to determination of infant weight and general health assessment,

breastfeeding should be observed and evaluated for evidence of successful breastfeeding behavior. The infant should be assessed for jaundice, adequate hydration, and age-appropriate elimination patterns (at least six urinations per day and three to four stools per day) by 5 to 7 days of age. All newborns should be seen by 1 month of age.<sup>99</sup>

6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth.<sup>100</sup> Infants weaned before 12 months of age should not receive cow's milk feedings but should receive iron-fortified infant formula.<sup>101</sup> Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet.<sup>102,103</sup> It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.<sup>104</sup>
7. In the first 6 months, water, juice, and other foods are generally unnecessary for breastfed infants.<sup>105,106</sup> Vitamin D and iron may need to be given before 6 months of age in selected groups of infants (vitamin D for infants whose mothers are vitamin D-deficient or those infants not exposed to adequate sunlight; iron for those who have low iron stores or anemia).<sup>107-109</sup> Fluoride should not be administered to infants during the first 6 months after birth, whether they are breast- or formula-fed. During the period from 6 months to 3 years of age, breastfed infants (and formula-fed infants) require fluoride supplementation only if the water supply is severely deficient in fluoride (<0.3 ppm).<sup>110</sup>
8. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or by pumping the breasts and feeding expressed breast milk, if necessary.

### **ROLE OF PEDIATRICIANS IN PROMOTING AND PROTECTING BREASTFEEDING**

To provide an optimal environment for breastfeeding, pediatricians should follow these recommendations:

1. Promote and support breastfeeding enthusiastically. In consideration of the extensive published evidence for improved outcomes in breastfed infants and their mothers, a strong position on behalf of breastfeeding is justified.
2. Become knowledgeable and skilled in both the physiology and the clinical management of breastfeeding.
3. Work collaboratively with the obstetric community to ensure that women receive adequate information throughout the perinatal period to make a fully informed decision about infant feeding. Pediatricians should also use opportunities to provide age-appropriate breastfeeding education to children and adults.
4. Promote hospital policies and procedures that facilitate breastfeeding. Electric breast pumps and private lactation areas should be available to all breastfeeding mothers in the hospital, both on ambulatory and inpatient services. Pediatricians are encouraged to work actively toward eliminating hospital practices that discourage breastfeeding (eg, infant formula discharge packs and separation of mother and infant).
5. Become familiar with local breastfeeding resources (eg, Special Supplemental Nutrition Program for Women, Infants, and Children clinics, lactation educators and consultants, lay support groups, and breast pump rental stations) so that patients can be referred appropriately.<sup>111</sup> When specialized breastfeeding services are used, pediatricians need to clarify for patients their essential role as the infant's primary medical care taker. Effective communication among the various counselors who advise breastfeeding women is essential.
6. Encourage routine insurance coverage for necessary breastfeeding services and supplies, including breast pump rental and the time required by pediatricians and other licensed health care professionals to assess and manage breastfeeding.

7. Promote breastfeeding as a normal part of daily life, and encourage family and societal support for breastfeeding.
8. Develop and maintain effective communications and collaboration with other health care providers to ensure optimal breastfeeding education, support, and counsel for mother and infant.
9. Advise mothers to return to their physician for a thorough breast examination when breastfeeding is terminated.
10. Promote breastfeeding education as a routine component of medical school and residency education.
11. Encourage the media to portray breastfeeding as positive and the norm.
12. Encourage employers to provide appropriate facilities and adequate time in the workplace for breast-pumping.

## CONCLUSION

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development.

Work Group on Breastfeeding, 1996 to 1997

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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# **GUIDELINES FOR MANAGING COMMON BREASTFEEDING PROBLEMS**

**The following section has been adapted with permission from  
The Mississippi State Department of Health  
WIC Program**

## **Protocols for Breastfeeding Management**

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Risk	Engorgement
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ The mother who experiences engorgement is at risk for sore nipples, plugged ducts, breast infections, and/or breast abscess.</li> <li>◆ The infant who is unable to latch on to the breast because of engorgement is at risk for poor feeding behaviors and slow weight gain.</li> </ul>
<b>Possible Causes</b>	<ul style="list-style-type: none"> <li>◆ Delayed initiation of breastfeeding</li> <li>◆ Hospital schedules which delay or limit infant's access to the breast</li> <li>◆ Limiting the amount of time baby nurses at the breasts, or scheduling feedings</li> <li>◆ Poor positioning and improper latch-on techniques</li> <li>◆ Sleepy baby</li> <li>◆ Inadequate milk removal of the breast</li> <li>◆ Routine supplementation or complementary feedings</li> <li>◆ Previous breast surgery</li> <li>◆ Baby with a weak suck (babies with anatomical challenges such as cleft lip/cleft palate, or Down's Syndrome)</li> </ul>
<b>Education/ Intervention</b>	<ul style="list-style-type: none"> <li>◆ Educate mothers on the importance of:               <ul style="list-style-type: none"> <li>❖ Initiating breastfeeding within the first hour after birth</li> <li>❖ Recognizing the baby's hunger cues</li> <li>❖ Allowing the baby to finish the first breast first</li> <li>❖ Breastfeeding frequently — at least 8 times a day, preferably 10 to 12 times — or every 2 to 3 hours</li> <li>❖ Avoiding the use of pacifiers, bottles, nipple shields</li> </ul> </li> </ul>  <ul style="list-style-type: none"> <li>◆ Observe the mother breastfeeding and assist with latch-on and positioning problems.</li> <li>◆ Ask the mother if she has had breast reduction surgery. Check the mother's breast, if possible, for signs of scarring from previous breast surgery.</li> <li>◆ To treat engorgement:               <ul style="list-style-type: none"> <li>❖ Apply heat and massage the breasts before breastfeeding.</li> <li>❖ Breastfeed frequently.</li> <li>❖ Use cold compresses between feedings to reduce swelling.</li> <li>❖ In the breastfeeding mother, cabbage compresses may be used for 15 minutes twice daily</li> <li>❖ Pump or hand express just enough milk to relieve over fullness without encouraging milk production.</li> <li>❖ Wear breast shells between feedings until the engorgement begins to subside. (Be aware that breast shells can be overused and may lead to plugged ducts if worn all the time. Caution mothers not to sleep in breast shells.)</li> <li>❖ Have the mother express a little milk or pump 2 minutes to assist the baby in latching on to the breast.</li> <li>❖ If the mother is very uncomfortable suggest that she ask her doctor about pain medication, such as Tylenol or Ibuprofen.</li> <li>❖ If the baby is not feeding well and the mother is unable to relieve her engorgement with any of the techniques above, use an electric breast pump to fully express the mother's breasts.</li> </ul> </li> </ul>

<b>Education/ Intervention (continued)</b>	<ul style="list-style-type: none"> <li>◆ If engorgement is unrelieved after 48 hours using the described treatments, suggest that the mother see her doctor to rule out other problems.</li> <li>◆ Binding the breast to suppress lactation or decrease engorgement is an outdated practice that is still being used in some hospitals today. The aforementioned treatments for breast engorgement are the standard of practice used by Health Care Professionals knowledgeable in breastfeeding management. Binding of the breast may result in plugged ducts, mastitis, abcess, and tissue damage.</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>◆ Contact the client within 24 hours to answer questions and provide further assistance or information as needed.</li> <li>◆ Maintain daily contact until the engorgement is resolved, thereafter as often as needed by the client.</li> </ul>

**Resource:**

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997, pp. 21, 82, 177, 389, 414-18, 563.



Risk	Sore Nipples in the Breastfeeding Woman
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ The mother who has sore nipples is at risk for engorgement due to her reluctance to latch the baby on because of the pain. Sore nipples can lead to a negative breastfeeding experience and, ultimately, premature weaning.</li> <li>◆ The infant whose mother has sore nipples is at risk for possible slow weight gain and being prematurely weaned.</li> <li>◆ Breastfeeding should not hurt. Sore nipples are not a normal part of breastfeeding. If a woman's nipples are tender beyond a few seconds when the baby latches on or are so painful that she cannot breastfeed she is at risk for mastitis, plugged ducts, and low milk supply.</li> </ul>
<b>Possible Causes</b>	<p>Lactation-Related:</p> <ul style="list-style-type: none"> <li>◆ Improper position and latch</li> <li>◆ Unrelieved negative pressure</li> <li>◆ Unresolved engorgement</li> <li>◆ Improper use of milk expression, hand or pump</li> <li>◆ Use of creams, lotions, soaps, etc.</li> <li>◆ Infrequent changing of breast pads, resulting in nipples and areola staying wet</li> <li>◆ Bottle feeding or artificial teats</li> </ul> <p>Medical-Related:</p> <ul style="list-style-type: none"> <li>◆ Thrush</li> <li>◆ Masitis</li> <li>◆ Vasospasm of nipple</li> <li>◆ Baby with high palate</li> <li>◆ Baby with tongue-tie</li> </ul>
<b>Education/ Intervention</b>	<ul style="list-style-type: none"> <li>◆ Start on least sore side first, or initiate milk ejection reflex before latching baby on.</li> <li>◆ Position and latch baby correctly.</li> <li>◆ Shorter more frequent feeding are best because baby is less hungry and sucks less vigorously.</li> <li>◆ Apply pure lanolin (such as Lansinoh® or PureLan®) generously to nipples and areola, avoiding very tip of nipple.</li> <li>◆ Vary nursing positions at each feeding.</li> <li>◆ Wear breast shells in between feedings with the insert that has the larger hole.</li> <li>◆ Rarely is it helpful to take the baby from the breast and just pump while allowing the nipples to heal. However, if the mother is in severe pain and will not put the baby to the breast, pump with an electric pump and feed the baby with an alternate feeding device, i.e. cup, syringe, finger feeding, etc.</li> </ul>
<b>Follow -up</b>	<ul style="list-style-type: none"> <li>◆ Daily contact is needed to assess breastfeeding and to answer questions and give further instructions until soreness is resolved.</li> <li>◆ If soreness does not resolve with these measures, mom and baby need evaluation for possible medical causes.</li> </ul>

#### Resources:

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997 pp. 388- 407.

Auerbach & Riordan, *Breastfeeding and Human Lactation*, 1993 pp. 229-234.

Risk	Slow Weight Gain & Failure to Thrive	
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ Infants who gain weight poorly are at higher risk for impaired growth, intellectual performance and malnutrition.</li> </ul>	
<b>Possible Causes</b>	<p style="text-align: center;"><b>Infant Causes</b></p> <ul style="list-style-type: none"> <li>◆ Physical or metabolic reasons</li> <li>◆ CNS insult</li> <li>◆ Biliary atresia</li> <li>◆ Cleft Palate</li> <li>◆ Congenital cardiac anomalies</li> <li>◆ Cystic fibrosis</li> <li>◆ Abnormal thyroid function</li> <li>◆ SGA</li> <li>◆ Illness; UTI</li> </ul> <p style="text-align: center;"><b>Low Milk Transfer</b></p> <ul style="list-style-type: none"> <li>◆ Poor attachment, ineffective sucking</li> <li>◆ Breastfeeds are short and hurried removed from breast too soon, and does not receive enough hindmilk.</li> <li>◆ Routine supplementation of water and artificial baby milk</li> <li>◆ Infant is nipple confused due to introduction of bottle, nipples and pacifier.</li> </ul>	<p style="text-align: center;"><b>Maternal Causes</b></p> <ul style="list-style-type: none"> <li>◆ Physical or metabolic reasons</li> <li>◆ Breast augmentation/mammoplasty</li> <li>◆ Hypothyroidism</li> <li>◆ Narcotic addiction</li> <li>◆ Illness; UTI, URI</li> <li>◆ Stress/Fatigue</li> <li>◆ Primary Hypoprolactinemia</li> <li>◆ Sheehan's disease</li> <li>◆ Psychosocial atmosphere in the home</li> <li>◆ Hormonal contraception use</li> </ul> <p style="text-align: center;"><b>Low Milk Production</b></p> <ul style="list-style-type: none"> <li>◆ Medications, i.e., contraceptives, antihistamines</li> <li>◆ Lacks confidence, embarrassed to feed, therefore infant feeds less often.</li> <li>◆ Use of a nipple shield.</li> <li>◆ Not finishing the first breast first.</li> <li>◆ Poor release of milk, i.e., medications, smoking, alcohol</li> <li>◆ Feeding infrequently or by a rigid schedule</li> </ul>
<b>Education/ Interventions</b>	<p><b>If low milk production is the problem: Increasing milk production when feasible:</b></p> <ul style="list-style-type: none"> <li>◆ Mother is motivated and persistent.</li> <li>◆ Increase stimulation to breast, via more frequent feedings and/or use of an electric breast pump with a dual pumping kit.</li> <li>◆ Mother expresses milk between breastfeedings.</li> <li>◆ Mother reduces supplementation slowly as her milk production increases.</li> <li>◆ Baby receives supplement from cup, syringe, spoon.</li> <li>◆ Adjust maternal nutrition as needed by increasing food and fluids if intake has been low.</li> <li>◆ Use of metaclopramide (Reglan).</li> <li>◆ Offer both breasts at a feed, several times each.</li> <li>◆ Quit or reduce smoking.</li> <li>◆ Rest as much as possible, and relax during breastfeeds to help the milk flow.</li> </ul> <p><b>Infant issues:</b></p> <ul style="list-style-type: none"> <li>◆ Adjust positioning to maximize milk intake</li> <li>◆ Use a supplemental nutrition system filled with either expressed mother=s milk or artificial baby milk. Follow manufacturer=s instructions on how to use.</li> <li>◆ Nurse on one breast at a feeding (if the problem is low hindmilk intake).</li> </ul>	

<p><b>Follow-up</b></p>	<p>◆ <b>Infants should be followed closely by the physician. Physician and lactation consultant should work closely. Weight check in one week.</b> Infant should have gained 4-7 oz., if not then amount of supplement should be increased and techniques reviewed and adjusted. Instruct mother to keep two breastfeeding logs recording number of times she nurses and wet diapers/bowel movements.</p>
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**Resources:**

Lactation Consultant Series, *Inadequate Weight Gain in Breastfeeding Infants: Assessments & Resolutions* Unit 8 LLLI.


Auerbach & Riordan, *Breastfeeding and Human Lactation*, 1993 pp. 527-533; 519-520

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997, pp. 116-119, pp.540-546, pp. 133-135.


Risk	Mastitis -- Plugged Duct or Breast Infection
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ The mother with mastitis (any inflammation in the breast) may have plugged ducts and is at risk for developing a breast infection, which may lead to a breast abscess.</li> </ul>
<b>Possible Causes</b>	<ul style="list-style-type: none"> <li>◆ Missed feedings; limiting the baby's time at the breast</li> <li>◆ Poor latch-on and positioning</li> <li>◆ A change in the baby's breastfeeding pattern</li> <li>◆ A tight bra with underwire, heavy purse, baby carrier, back pack, or diaper bag that puts pressure on the breasts or surrounding tissues</li> <li>◆ Mother restricting the flow of the milk by pressing on her breast to "make an airway for the baby" (<i>Babies breathe out of the sides of their noses; there is no need to pull breast tissue away from the baby's nose. Babies breathe just fine pulled in close to mother's breast with nose and chin touching the breast in a good latch.</i>)</li> <li>◆ Mother overdoing activity too soon after baby's birth</li> <li>◆ Mother sleeping in one position all the time</li> <li>◆ The use of nipple shields</li> <li>◆ Cracked nipples</li> <li>◆ Any activity or device that puts pressure on the breasts</li> <li>◆ Mothers with diabetes are at a slightly greater risk of mastitis</li> <li>◆ Mothers who are anemic are at greater risk for recurrent plugged ducts</li> </ul>
<b>Education/ Intervention</b>	<ul style="list-style-type: none"> <li>◆ For a plugged duct (swelling that comes on gradually, little pain, little or no fever, may shift according to area affected, little or no warmth at affected site): <ul style="list-style-type: none"> <li>❖ Apply heat (wet or dry compresses, warm shower, soak in warm tub, immerse breasts in basin of warm water) and massage gently. (Some mothers are able to work the plug out in this way. If the baby happens to draw the plug out while breastfeeding, it will not harm him.)</li> <li>❖ Breastfeed frequently, particularly on the affected side and with baby's chin pointed toward the plugged duct.</li> <li>❖ Make sure the baby is positioned and latched well on the breast.</li> <li>❖ Loosen any restrictive clothing.</li> <li>❖ Vary nursing positions from feeding to feeding.</li> <li>❖ Rest. Suggest the mother cut down on other activities until the plug is gone. Increase fluid intake.</li> </ul> </li> <li>◆ For a breast infection (localized swelling, hot and painful to the touch, usually comes on suddenly, accompanied by fever of 101E and flu-like symptoms): <ul style="list-style-type: none"> <li>❖ Apply heat and massage gently; breastfeed frequently, especially on the affected side; make sure the baby is positioned and latched well; loosen restrictive clothing; change nursing positions; and <b>REST</b>, as above.</li> <li>❖ Suggest the mother contact her doctor for an antibiotic if the symptoms do not disappear within 24 hours.</li> <li>❖ Possible bacteria or germ transmission to the infant is of no concern and the mother should be advised to continue breastfeeding.</li> <li>❖ Continued breastfeeding comforts both mother and baby and results in the breast infection healing faster.</li> <li>❖ Increase fluid intake.</li> </ul> </li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>◆ Contact the client within 24 hours</li> <li>◆ Maintain daily contact until the problem is resolved.</li> </ul>

**Resource:**

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997, pp. 418-26.

Risk	Thrush
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ The mother who has a yeast infection on her nipples, or often referred to as nipple thrush, a fungal infection caused by candida albicans, is at risk of getting extremely sore nipples and spreading the fungal infection to other members of the family. In addition, the irritation caused by the thrush infection can increase the likelihood that the mother will also contract a bacterial infection. The mother with nipple thrush often experiences shooting pains in the breast during and between feedings.</li> <li>◆ The baby with thrush may be gassy, fussy at the breast, and have a very uncomfortable diaper rash.</li> </ul>
<b>Possible Causes</b>	 <ul style="list-style-type: none"> <li>◆ Baby has thrush</li> <li>◆ Previous current vaginal yeast infection</li> <li>◆ Use of antibiotics and other drugs, such as steroids, over a long period</li> <li>◆ Cracked nipple</li> <li>◆ Diabetes</li> <li>◆ Use of oral contraceptives</li> <li>◆ Nutritional deficiencies or high or high-sugar diet</li> <li>◆ Antibiotics use</li> <li>◆ Infrequent changing of wet nursing pads</li> </ul>
<b>Education/ Intervention</b>	<ul style="list-style-type: none"> <li>◆ Discuss the behaviors and environmental factors that promote the growth of yeast infections.</li> <li>◆ Refer the mother and baby to their respective physicians for diagnosis and treatment. It is <i>imperative</i> that both mother and baby be treated, as well as other family members if they are symptomatic, in order to effectively get rid of thrush.</li> <li>◆ Use of breast shells during treatment can provide relief while allowing the medication to work.</li> <li>◆ For clinicians licensed to prescribe medication: <ul style="list-style-type: none"> <li>❖ Nystatin ointment for the mother and nystatin oral suspension for the baby are usually used to treat thrush in the mother and baby. Follow the full course of treatment, usually 10 days to 2 weeks. Mother should be encouraged to continue breastfeeding.</li> <li>❖ Some physicians recommend that women use over-the-counter vaginal yeast preparations on their nipples. Anecdotal reports say that this can be an effective treatment. The easy availability of over-the-counter medications, however, should not lead women to self-treat. Nor should lactation consultants who are not licensed to prescribe medications recommend this treatment. They should encourage their clients to seek treatment from qualified clinical care providers.</li> </ul> </li> </ul>



<b>Education/ Intervention (continued)</b>	<ul style="list-style-type: none"> <li>❖ The method of using the over-the-counter vaginal yeast preparations is that the mother apply the cream or lotion to her nipples and breast before and after each feeding, as well as around the infant's entire diaper area if there is any redness. The mother may also have vaginal yeast infection and should simultaneously use an antifungal intravaginal preparation.</li> <li>❖ Other treatments for thrush include: An oral prescription for the mother if thrush recurs; gentian violet swabbed in the baby's mouth and on mother's nipples. (See chart at the end of this section).</li> <li>◆ The mother should continue to breastfeed with a thrush infection and while undergoing treatment.</li> <li>◆ Remind the mother to wash her hands after going to the bathroom, changing the baby's diaper, breastfeeding, handling any of the baby's toys or teething toys that he puts in his mouth.</li> <li>◆ Suggest that the mother boil any bottles, pacifiers, nipples, and teething toys for 20 minutes once a day to kill the yeast. Replace all bottles, pacifiers, nipples, and teething toys after one week of the thrush treatment. In addition, toys or anything else that the baby puts in his mouth should be washed with hot, soapy water frequently.</li> <li>◆ Discard any breast milk that has been pumped during a thrush outbreak. Freezing only deactivates the thrush; it doesn't kill it.</li> <li>◆ Reusable breast pads should be washed in hot, soapy water and dried thoroughly after each use; disposable breast pads (preferable during a thrush outbreak) should be discarded after each use.</li> <li>◆ If the mother is using a breast pump, recommend that all parts that come in contact with the milk be boiled for 20 minutes once a day.</li> </ul>
<b>Follow-up</b>	 <ul style="list-style-type: none"> <li>◆ Contact the client within 24 to 48 hours to answer questions and provide further assistance or information as needed.</li> <li>◆ Maintain contact 2 to 3 times weekly until the thrush is resolved, thereafter as often as needed by the client.</li> <li>◆ Remind the client of the importance of cleanliness and of taking the full course of her medication in order to get rid of and prevent a recurrence of the thrush.</li> </ul>

**Resource:**

Amir, Hoover, Mulford, Lactation Consultant Series Unit 18: Candidiasis & Breastfeeding 6/95.

Auerbach & Riordan, Breastfeeding and Human Lactation Second Edition, Jones & Bartlett Publishers; pg. 385-386, 488-492..

Lactation Consultant Series. Amir, Hoover, Mulford, Lactation Consultant Series Unit 18: Candidiasis & Breastfeeding 6/95. La Leche League International.

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997, pp. 96, 405-07, 431, 478.

## SELECTED ANTIFUNGAL PREPARATIONS

Drug Name	Preparations	Usual Dosage
Clotrimazole (Lotrimin, Mycelex)	Creams, solutions, vaginal cream, and vaginal tablets	Skin cream: apply twice daily vaginal cream or tablet: 100 mg/day for 7 days or 200 mg/day for 3 days
Gentian violet	Adults and children: 0.5%, 1% solution	Topical: infant: two to three times over several days. Use dilute 0.5% solution. Do not repeat.
Fluconazole (Diflucan)		Safe. Cleared for pediatric use.
Itraconazole (Sporanox)		Cleared for adult use only.
Ketoconazole (Nizoral)	Oral tablets	Oral: for adults: 200–400 mg/day, given in single dose; for children weighing less than 20 kg, 50 mg/day; for children weighing 20–40 kg, 100 mg/day
Miconazole (Monistat)	Creams, lotions, vaginal cream, and vaginal suppositories	Skin cream or lotion: apply three to four times per day Vaginal cream or suppository: 100 mg/day for 7 days
Nystatin (Mycostatin)	Suspensions, cream, powders, ointment, and vaginal suppositories	Oral: for adults: 1,500,000–2,400,000 units/day divided into three to four doses; for infants: 400,000–800,000 units/day, divided into three to four doses Topical: 1 million units applied two times per day Duration of therapy: at least two days after symptoms disappear Vaginal: 1–2 million units/day



Risk	Jaundice																
<b>Rationale</b>	<ul style="list-style-type: none"> <li>◆ Infants with jaundice are at risk of interrupted breastfeeding, slow weight gain, nipple confusion, and premature weaning.</li> </ul>																
<b>Possible Causes</b>	<ul style="list-style-type: none"> <li>◆ Lack of breast milk jaundice associated with inadequate breast milk intake <i>(Can be caused by delayed, infrequent, or timed feedings at the breast and results in exaggerated physiologic jaundice, usually 3-5 days, but can persist.)</i></li> <li>◆ Breastmilk jaundice-late onset, prolonged unconjugated hyperbilirubinemia in otherwise healthy, thriving breastfed infant <i>(This type of jaundice is due to human milk factor that increases intestinal absorption of bilirubin. The elevated bilirubin usually noted after the first week of life, can last for weeks.)</i></li> <li>◆ A disease or condition that: results in increased red blood cell breakdown; interferes with processing of bilirubin by the liver; increases reabsorption of bilirubin by the bowel</li> <li>◆ Ethnic heritage</li> </ul>																
<b>Education/ Intervention</b>	<ul style="list-style-type: none"> <li>◆ Encourage the mother to breastfeed as soon after birth as possible so that the baby receives the maximum beneficial effects of colostrum.</li> <li>◆ Encourage the mother to breastfeed frequently, letting the baby finish the first breast first and allowing the baby to determine both the frequency and duration of feeds (as long as the baby is not sleepy or skipping feedings).</li> </ul> <p style="text-align: center;"><b>Rule-of-Thumb Observation and Its Relationship to Bilirubin Levels</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Involvement of the body</u></th><th style="text-align: left;"><u>Serum Bilirubin Level</u></th></tr> </thead> <tbody> <tr> <td>Sclera</td><td>3 mg/dl</td></tr> <tr> <td>Face</td><td>5 mg/dl</td></tr> <tr> <td>Upper trunk</td><td>5-7 mg/dl</td></tr> <tr> <td>Complete trunk</td><td>7-10/mg/dl</td></tr> <tr> <td>Spread to extremities</td><td>10-12 mg/dl</td></tr> <tr> <td>Extremities yellow; palms &amp; soles clear</td><td>12-15 mg/dl</td></tr> <tr> <td>Palms and soles yellow</td><td>&gt; 15 mg/dl</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>◆ Teach the mother how to rouse a sleepy baby, as jaundice often makes babies sleepy.</li> <li>◆ Encourage the mother to talk with her doctor about her baby's treatment, if treatment is indicated.</li> <li>◆ Encourage the mother to continue breastfeeding during the baby's treatment, if treatment is necessary.</li> <li>◆ Stress the importance of frequent stooling in the jaundiced baby.</li> <li>◆ Suggest the mother expose her infant to indirect sunlight to help lower bilirubin levels.</li> </ul>	<u>Involvement of the body</u>	<u>Serum Bilirubin Level</u>	Sclera	3 mg/dl	Face	5 mg/dl	Upper trunk	5-7 mg/dl	Complete trunk	7-10/mg/dl	Spread to extremities	10-12 mg/dl	Extremities yellow; palms & soles clear	12-15 mg/dl	Palms and soles yellow	> 15 mg/dl
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<b>Follow-up</b>	<ul style="list-style-type: none"> <li>◆ Contact the client within 48 hours to answer questions and to provide further assistance as needed.</li> <li>◆ Maintain contact with the client until the jaundice is resolved and thereafter as needed by the client.</li> </ul>																

#### Resources:

American Academy of Pediatrics (AAP) Provisional Committee for Quality Improvement and Subcommittee on Hyperbilirubinemia. Practice Parameter: Management of hyperbilirubinemia in the healthy term newborn. *Pediatrics*, 1994 (4): 558-565.

Mohrbacher, N. & Stock, J. *The Breastfeeding Answer Book, Revised Edition*. Schaumburg, IL: La Leche League International, 1997, pp. 116-119, pp.540-546, pp. 133-135.





# AGES AND STAGES



## **WHAT TO EXPECT DURING BREASTFEEDING**

Written by:  
Vicki Schmidt, RN, IBCLC



# ***Breastfeeding Your 1-2 Month Old What to Expect!***

## **During this time your baby may:**

- ◆ Turn his head and eyes toward light
- ◆ Watch your face and try to respond to speech
- ◆ Become quiet at the sound of your voice and smile at you
- ◆ Hold his head up without wobbling
- ◆ Begin to make cooing sounds at 6-8 weeks

## **Things your baby might enjoy:**

- ◆ Mobiles and Wrist rattles
- ◆ Being rocked gently to a lullaby and Wind-up musical toys

## **Breastfeeding during this time**

- ◆ First off, congratulations on your decision to breastfeed! Any amount of breastmilk you provide for your baby helps get him off to a healthier start.
- ◆ Spend time with other breastfeeding mothers, but remember that all babies are different and there is a wide range of normal newborn behavior.
- ◆ Your baby is learning to trust that you are there to feed and comfort him/her, he/she may seem calmer and cry less.
- ◆ You might not feel the letdown reflex, or its intensity has subsided.
- ◆ Continue to keep a flexible-feeding schedule, nighttime feedings are still expected, but your baby might sleep for 4-5 hour stretches at night.
- ◆ Initial soreness and latch on pain should be going away.
- ◆ The breast fullness you had the first several weeks is less, but this does not mean you don't have enough milk, your body is just getting adjusted to its new role.
- ◆ If you are using any formula, remember your body thinks it can decrease the amount of milk it makes because you are skipping a feeding.
- ◆ Get a nap in each day, as fatigue is your worst enemy.
- ◆ Breastfeeding your baby frequently is the best way to have plenty of milk, and a satisfied baby.
- ◆ Eat anything you want in moderation and drink to thirst.
- ◆ You may find your pre-pregnant weight beginning to return as you burn calories making breastmilk.

## **Call for advice or support if:**

- ◆ Your nipples are still sore when the baby latches on and throughout the feeding
- ◆ You question if you have enough milk for your baby
- ◆ You have questions about pumping and storing milk
- ◆ You are feeling overwhelmed and just need to hear a friendly voice

# ***Breastfeeding Your 3-4 Month Old What to Expect!***

## **During this time your baby:**

- ◆ Might sleep and cry less, and spend more time learning about his/her world
- ◆ Will start to reach for mobiles, rattles and small toys, and should grasp a rattle when it is handed to him/her
- ◆ May begin to drool, especially in the 4<sup>th</sup> month
- ◆ Will probably roll over, usually from stomach to back first
- ◆ Will start laughing, and making sounds like “aaaaa” and “oooo”
- ◆ Might be sleeping through the night
- ◆ Will watch you walk across a room

## **Things your baby might enjoy:**

- ◆ Bathtime becomes more of a game for the baby and your baby learns to splash
- ◆ A child-proof mirror on the edge of the crib
- ◆ Your singing!
- ◆ Playing pat-a-cake, by clapping his/her hands together
- ◆ Going for a ride in a stroller

## **Breastfeeding during this time**

- ◆ Breastmilk is all your baby needs to stay healthy and grow, not even cereal is necessary at this time, and giving solids too soon will decrease your milk supply.
- ◆ Around 3 months, some babies experience a “growth spurt” and want to nurse more frequently. If this happens just breastfeed the baby more often, rest, and avoid the temptation to give formula. This is nature’s way of increasing your milk supply as your baby grows.
- ◆ If your breasts leaked, usually the worst is over and it may just occur at feeding times or during the night if the baby suddenly sleeps longer stretches of time.
- ◆ You should have discussed birth control with your doctor/midwife at your postpartum check-up because it is possible to become pregnant while breastfeeding, especially if your baby is sleeping through the night.
- ◆ It is normal not to be interested in sex the way you were before the baby. Talk to your partner, some men feel like they are in competition with the baby.
- ◆ Around 4 months or so the baby may pat the breast lovingly while nursing.

## **Call for advice or support if:**

- ◆ You are returning to work and have questions about pumping and storing breastmilk
- ◆ You just need a friend and someone to tell you what a great job you are doing
- ◆ You want to be a support person to other new mothers who are just starting to breastfeed their babies



## ***Breastfeeding Your 5-6 Month Old What to Expect!***

### **During this time your baby will:**

- ◆ Shake and bang things
- ◆ Roll over, tummy to back and back to tummy
- ◆ Sit with support
- ◆ Put things in his/her mouth
- ◆ Reach out to be picked up
- ◆ Turn their head when they hear your voices, even if it is across the room
- ◆ Start to become aware of strangers

### **Things your baby might enjoy:**

- ◆ A small ball to roll and hold onto
- ◆ Soft toys that the baby can put into its mouth
- ◆ An activity gym, with things to reach for that move when hit
- ◆ Toys that make noises when they shake or squeeze them

### **Breastfeeding during this time**

- ◆ Your baby will continue to get extra immunities from you that will protect him/her from common illnesses.
- ◆ The baby will become easily distracted while nursing but this does not mean they are not interested in continuing to breastfeed. They are just very curious about their world and this is a healthy sign of normal development.
- ◆ They may nurse for shorter periods of time because they are very efficient at breastfeeding now, and require less time to satisfy their hunger needs.
- ◆ Drooling and sucking on fingers is common, and may mean the start of teething. Nursing may make the baby's gums tender and he/she may pull off breast abruptly.
- ◆ You will most likely be adding solid foods now. Do this slowly, starting with single grain cereals like rice or barley, then fruits, vegetables and meats. Allow at least several days to a week between each new food, in case of allergies.

### **Call for advice or support if:**

- ◆ If you just need someone to talk to who understands about having a new baby
- ◆ To answer questions that come up related to any aspect of breastfeeding
- ◆ She will listen, provide what assistance she can, and refer you to other professionals if your concerns are beyond her practice
- ◆ Trust that she cares about you and your baby's relationship. She can be a great source of support

## ***Breastfeeding Your 7-8 Month Old What to Expect!***

### **What you can expect your baby to be doing now:**

- ◆ Most likely has his/her first tooth (7 months, most common time)
- ◆ Drooling and chewing on everything
- ◆ Might begin to crawl or just rock on hands and knees
- ◆ Reaches for the spoon during feedings
- ◆ Sits alone without support
- ◆ Crying in different ways to say he/she is hurt, wet or hungry
- ◆ Closing mouth and turning head away when no longer hungry
- ◆ Showing signs of anxiety when separated from parent

### **Games your baby will enjoy:**

- ◆ Searching for toys hidden under a blanket or basket
- ◆ Dropping objects over the edge of the crib or high chair
- ◆ Following a ball rolling away from them
- ◆ Smiling at self in the mirror

### **Breastfeeding during this time**

- ◆ If your baby reacts fearfully to a stranger, he/she may turn to you for comfort and reassurance and increase his/her feedings. This need for closeness will eventually help the baby become more independent, so try not to view it as a step backwards.
- ◆ This can be a time when mothers feel pressure from others to wean because the baby seems so independent, but the security of nursing is still an important factor in the baby's life.
- ◆ Biting during teething is common. If this happens, immediately take the baby off the breast and wait for a few seconds, then try again. You may have to do this several times. Avoid yelling at the baby. Yelling might make the baby refuse the breast.
- ◆ Nursing strikes (sudden loss of interest in the breast) can occur, the reason is often not known. You may need to pump for comfort and to maintain your milk supply. Sometimes skin-to-skin contact is helpful.

### **Call for advice or support if:**

- ◆ She can provide you with support and encouragement, reminding you that you are providing something no one else can for your baby
- ◆ If you have decided to wean your baby, then she can give you helpful tips to make it easier for you and your baby
- ◆ She will refer you to a Lactation Consultant if she has questions about your concerns and feels she can't answer them

## ***Breastfeeding your 9-10 month Old***

### ***What to Expect!***

#### **What you can expect your baby to be doing now:**

- ◆ Crawling or attempting to crawl
- ◆ Pulls to standing position while holding onto furniture
- ◆ May play peek-a-boo or wave bye-bye after seeing you do it
- ◆ Looks at the right person when someone says “mama” or “dada”
- ◆ Exploring the home. Make sure it has been baby proofed, and that the baby is never left unattended if not in a playpen
- ◆ Understands if you say “no”

#### **Activities your baby will enjoy:**

- ◆ Stacking rings, soft blocks
- ◆ Pop-up toys
- ◆ Inflatable rolls (never balloons)
- ◆ First books
- ◆ Safe household objects such as sauce pans and lids and wooden spoons

#### **Breastfeeding during this time**

- ◆ Your baby is still receiving important nourishment that only you can provide.
- ◆ Your baby may hold onto the breast with one or both hands while nursing.
- ◆ Babies become easily distracted at the breast and may interrupt their feedings frequently.
- ◆ The baby enjoys finger foods at this time. They give the baby a sense of independence.
- ◆ The baby can join the rest of the family for meals, as they begin to develop a regular pattern of 3 meals a day.
- ◆ Remember that if you wean, your baby should receive formula. He is still too young for cow’s milk. The American Academy of Pediatrics recommends breastmilk for the first year of life.
- ◆ If breastfeeding is decreasing as table foods are increased, you may see a change in the baby’s bowel movements; they will become firmer and may at times be difficult to pass. If this occurs, increase the time at the breast, and consult the baby’s doctor if the problem persists.

#### **Call for advice or support if:**

- ◆ Your breasts are suddenly full and firm and you question an infection because the baby is suddenly nursing less
- ◆ You have questions about either weaning your baby or continuing to provide breastmilk for your baby as he/she reaches their first birthday

## ***Breastfeeding Your 11-12 Month Old What to Expect!***

### **What you can expect your baby to be doing at this time:**

- ◆ Will hand you an object on request
- ◆ Follows simple directions, such as “clap hands”, and “give it to Mommy”
- ◆ Is affectionate towards familiar people
- ◆ May stand alone for a few seconds and even try to walk a few steps
- ◆ Helps with dressing by putting out arms for sleeves and feet for shoes
- ◆ Will shake their head “no”
- ◆ Pays attention to conversations

### **Activities your baby will enjoy:**

- ◆ Responding to music, by dancing or bouncing
- ◆ Putting blocks in and out of container
- ◆ Opening and closing cabinet doors
- ◆ Drinking from a cup
- ◆ Simple musical toys
- ◆ Push and pull toys

### **Breastfeeding during this time**

- ◆ You may want to keep a toy or a snack with you when you go out if you are uncomfortable breastfeeding an older baby in public and the baby gets fussy.
- ◆ Breastfeeding provides both nutritional advantages and emotional security for toddlers and it is okay to continue to breastfeed.
- ◆ It is also normal to sometimes feel irritated by the baby at the breast; this may be the beginning of knowing it is time to wean, as far as you are concerned.
- ◆ Whatever you decide about continuing to breastfeed or not, it is your decision and it is to be respected.
- ◆ Many babies will wean themselves down to just 2-3 feedings a day, depending on how much solid foods they are getting.
- ◆ Even nursing once or twice a day can be relaxing and enjoyable for you and your baby. It encourages the weaning process to be slow and gradual.

### **Call for advice or support if:**

- ◆ If you are being criticized by anyone for continuing to breastfeed your baby and this is something you want to do
- ◆ She can help educate others about the benefits of continued breastfeeding
- ◆ No matter what you do, she will reinforce that you have done a wonderful thing for your baby, that no one else could do, and that your baby has benefited in countless ways

## **THE RHODE ISLAND BREASTFEEDING COALITION**

The Rhode Island Breastfeeding Coalition meets on the 3rd Friday of every month at the Rhode Island Department of Health from 12:00 to 1:30 pm. Professionals and those interested in promoting and supporting breastfeeding are welcome to attend.

Contact Erin Dugan, RI Breastfeeding Coordinator,  
at 222-1380 for additional information.

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**Disclaimer:** All known breastfeeding sources as of March 2003 have been listed. Representatives of other breastfeeding resources or services can contact Erin Dugan at 222-1380 to be listed in the next published edition.